



# Ischemic Heart Disease

Quality Enhancement Research Initiative

## Ischemic Heart Disease

Ischemic heart disease (IHD) is the leading cause of death in the United States for both men and women, with \$100 billion in direct and indirect costs. It is also one of the most frequent indications for hospitalization within VHA. Yet regardless of the availability of nationally developed, evidence-based clinical guidelines, there remain patients with IHD who are not receiving optimal therapy.

The Ischemic Heart Disease Quality Enhancement Research Initiative (IHD QUERI) utilizes the QUERI process (see back page) to reduce the gap between guideline recommended therapies and actual VA practice, thus improving the quality of care and health outcomes of veterans with ischemic heart disease. IHD QUERI is currently focused on one clinical problem within the broad scope of IHD that is characterized by both high risk and high volume: outpatient management of lipid risk reduction. IHD QUERI is moving to translate results of this research into practice.

## IHD QUERI Projects and Recent Findings

The current translation focus for IHD QUERI is the Translation Plan to Improve Lipid Management for IHD Patients. This project consists of three major activities: the first has been completed, and the other two activities are being implemented.

- *Key Players Study:* The intervention component of the Lipid Measurement and Management System (LMMS) included implementing pilot interventions in

medical centers in Veterans Integrated Service Network 20 (VISN 20) to improve concordance with secondary prevention guidelines. The objective of the Key Players study was to learn more about the interventions, including the barriers and facilitators to implementing interventions at each site. The study also attempted to understand the organization of the intervention team and how key players came into their roles.

- *Repeated Rapid Cycle Evidence-Based Quality Improvement Interventions Project (VISNs 19 & 20):* The repeated rapid cycle interventions in VISN 20 have progressed as the Key Players information from each site has been collected and analyzed. Since establishing the themes that emerged from each site about the organizational strengths and weaknesses related to the original intervention(s), IHD QUERI investigators have contacted the intervention teams at each site and shared their findings. Several facilities are continuing the Lipid Clinic interventions, while some plan to implement the National

Lipid Clinical Reminders, or site-specific reminders similar to the national reminders. For VISN 19, IHD QUERI will review the most current information available on optimal care for patients with IHD, and then will provide the VISN with this data. In addition, they will share information and lessons learned through the process evaluation in VISN 20. Each team will then select an intervention strategy for their facility and draft a project management plan.

- *National Lipid Clinical Reminders:* IHD QUERI will complete the development of electronic clinical reminders for lipid management using the national Clinical Reminder package from the Computerized Patient Record System (CPRS). Once developed, the clinical reminders will be a central intervention to be implemented first in VISN 20, followed by VISN 19. There will be two reminders for this package. The first reminder will identify all patients with a diagnosis of IHD who do not have a current LDL value (measured within the past 15 months). The second reminder will

### The IHD QUERI Executive Committee:

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The Research Coordinator is **Stephan Fihn, MD, MPH** and the Clinical Coordinator is **Ken Morris, MD**. IHD QUERI's Executive Committee includes 12 other experts in the field of ischemic heart disease: Jeroan Allison, MD, MS, Ross Fletcher, MD, Mary K. Goldstein, MD, MSc, Frederick Grover, MD, Karl Hammermeister, MD, Paul Allen Heidenreich MD, MS, FACC, Greg Larsen, MD, Laura Petersen, MD, MPH, Eric Peterson, MD, MPH, John Rumsfeld, MD, PhD, Anne Sales, MSN, PhD, and Mark Starling, MD.

identify those IHD patients whose LDL values are above guideline levels. This reminder will post the target LDL ( $\leq 120$  mg/dL), a note that this is the guideline recommended level for secondary prevention of IHD, and a list of recommended lipid-lowering agents. These reminders are currently being beta-tested in selected facilities and should be rolled out in early 2002.

## Translating Research into Practice

IHD is advancing care in these areas:

- *Lipid Management for Low HDL Cholesterol*  
This translation project to improve low HDL among patients with IHD uses patient education and three different prompting systems to improve management of HDL, as well as LDL among IHD patients in VA. The overall purpose is to improve the clinical outcomes of veterans with IHD through implementation of evidence-based lipid management, focusing on low HDL levels.
- *Improving Hypertension Management*  
This study uses patient group visits to address issues identified by patients as affecting management of

hypertension. Its goal is to improve quality care in hypertension treatment by translating VA Clinical Practice Guidelines through group outpatient visits with nurse follow-up.

- *Improving Guideline Concordance for Patients with Chronic Stable Angina*  
This project uses facilitated consultation and provider feedback to improve concordance with guideline recommendations for optimal care of patients with chronic stable angina. The goal of the project is to determine whether coordinated team care results in improved control of angina in patients with IHD compared to routine primary care. The study will employ a multi-modal intervention that involves case-finding, serial measurement of general and condition-specific health-related quality of life, management suggestions and facilitated consultation from cardiologists, and educational efforts by opinion leaders.
- *Vascular Health Clinical Reminder Project*  
This project will develop national clinical reminders for a full set of recommendations to improve care of patients with coronary and other vascular disease through the use of facilitated deployment of reminders in a targeted set of VA facilities.

## Quality Enhancement Research Initiative

QUERI currently focuses on eight conditions that are prevalent and high-risk among veteran patients: Colorectal Cancer, Chronic Heart Failure, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, and Substance Abuse.

## The QUERI Process

The QUERI process includes six steps:

- 1) identify high-risk/high-volume diseases or problems;
- 2) identify best practices;
- 3) define existing practice patterns and outcomes across VA and current variation from best practices;
- 4) identify and implement interventions to promote best practices;
- 5) document that best practices improve outcomes; and
- 6) document that outcomes are associated with improved health-related quality of life and systems improvements.

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VA's Research and Development QUERI Website: <http://www.hsr.d.research.va.gov/queri.cfm>